

## OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. <b>14-20664</b>		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3		<b>Lebanon Police</b>		0830300		ODHS USE ONLY - 00 NOT MARK ABOVE		LOCAL FILE NO.			
REPORT TAKEN <input type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE	NO OF VEH PEDESTRIANS INVOLVED <b>2</b>	CRASH SEVERITY (CHECK MOST SEVERE) <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY				COMBINED VEH/PROP LOSS <input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150	HIT SKIP <input type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED						
IN COUNTY OF WARREN				IN <input checked="" type="checkbox"/> CITY <b>LEBANON</b>		DATE OF CRASH: <b>12/5/14</b> <b>FRI</b>		TIME: <b>1734</b>					
CRASH OCCURRED ON <b>Private Property</b>				WITHIN THE INTERSECTION OF									
IF NOT IN INTERSECTION				(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)				CITY CODE					
LOG-1		LOG-2		LOC JUR FH9 FILT									
A	UNIT NO. <b>1</b>	NO OF OCCUPANTS <b>1</b>	OPERATING <input type="checkbox"/> PARKED <input checked="" type="checkbox"/> DRIVERLESS <input type="checkbox"/> HIT & RUN NON CONTACT <input type="checkbox"/>	INSURANCE CO OR AGENT									
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) <b>Carmack James</b>				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) <b>24 Harding Ct, Franklin OH 45005</b>									
PHONE NO.		BIRTH DATE <b>m/12/34</b>	AGE <b>80</b>	SEX <b>M</b>	SOCIAL SECURITY NO.	STATE <b>OH</b>	DRIVER'S LICENSE NO. <b>R6741687</b>	OCCUPATION					
OWNER (IF SAME AS DRIVER, WRITE SAME) <b>Same</b>				ADDRESS				PHONE					
VEH YR <b>2002</b>	MAKE <b>Dodge</b>	MODEL <b>truck</b>	COLOR <b>Silver</b>	STYLE <b>TRK</b>	STATE <b>OH</b>	LICENSE PLATE NO. <b>TUFE NUF</b>	TOWING SERVICE	VEH/PED DIR FROM TO					
CIRCLE DAMAGE AREAS 		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED					
FIRE <input type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE													
8	UNIT NO. <b>2</b>	NO OF OCCUPANTS <b>1</b>	OPERATING <input checked="" type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> HIT & RUN NON-CONTACT <input type="checkbox"/>	INSURANCE CO. OR AGENT <b>All State</b>									
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) <b>Reigelsberger Sharon M</b>				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) <b>765 Calderwood Apt B, Lebanon OH 45036</b>									
PHONE NO.		BIRTH DATE <b>8/28/41</b>	AGE <b>73</b>	SEX <b>F</b>	SOCIAL SECURITY NO.	STATE <b>OH</b>	DRIVER'S LICENSE NO. <b>RS408619</b>	OCCUPATION					
OWNER (IF SAME AS DRIVER, WRITE SAME) <b>Same</b>				ADDRESS				PHONE					
VEH YR <b>2012</b>	MAKE <b>Chevrolet</b>	MODEL <b>4H</b>	COLOR <b>Blue</b>	STYLE <b>4H</b>	STATE <b>OH</b>	LICENSE PLATE NO. <b>FRW 7296</b>	TOWING SERVICE	VEH/PED DIR FROM TO					
CIRCLE DAMAGE AREAS 		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED					
FIRE <input type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE													
OCCUPANT SECTION	C	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTHDATE m   D   Y	AGE	POSITION A B C D E F			INJURIES A B C D E F			
			ADDRESS		PHONE		SEX						
	D	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTHDATE m   D   Y	AGE	POSITION A B C D E F			INJURIES A B C D E F			
			ADDRESS		PHONE		SEX						
OCCUPANT SECTION	E	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTHDATE m   D   Y	AGE	POSITION A B C D E F			INJURIES A B C D E F			
			ADDRESS		PHONE		SEX						
	F	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTHDATE m   D   Y	AGE	POSITION A B C D E F			INJURIES A B C D E F			
			ADDRESS		PHONE		SEX						
POLICE ACTION	A	B	C	INJURED TAKEN TO		By		A B C D E F			ALCOHOL A <input type="checkbox"/> YES <input type="checkbox"/> NO B <input type="checkbox"/> YES <input type="checkbox"/> NO		
	D	E	F	INJURED TAKEN TO		By		A B C D E F			TESTED TESTED		
			OFFENSE CHARGED AND DESCRIPTION				A B C D E F			1 NO ALCOHOL DETECTED 2 HBD ABILITY IMPAIRED 3 HBD ABILITY NOT IMPAIRED 4 HBD ABILITY UNKNOWN			
			OFFENSE CHARGED AND DESCRIPTION				A B C D E F			1 NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILICIT DRUG			
RECEIVED CALL <b>1734</b>		DISPATCHED <b>1734</b>		ARRIVED <b>1744</b>		CLEARED <b>1754</b>		OTHER TIME <b>10</b>		TOTAL MINUTES <b>30</b>			
DATE REPORT FILED <b>12/5/14</b>		PHOTOS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		OFFICER'S NAME <b>Fry</b>		BADGE NO. <b>119</b>		CHECKED BY					